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ABSTRACT

This bulletin contends that before a school can implement an effective program for fighting drug abuse it must first examine a series of questions: What do we mean by "abuse"? What characterizes young people at risk for this dangerous behavioral pattern? Do we distinguish between drug "abuse" and drug "use"? Does the "Just Say NO!" message work? And if it does, are all young people equally affected by it? It is also important to distinguish between drug experimentation and drug abuse. A number of risk factors are identified for children that are likely to predispose them to future drug abuse; these include: family management problems; early antisocial behavior; academic underachievement; alienation, rebelliousness, and lack of social bonding to society; antisocial behavior in early adolescence; friends who use drugs; and early first use of drugs. There is a consensus among experts that a prevention strategy targeted at high risk youth should involve a strong balance between family, community, and school. The message of an effective prevention strategy involves teaching and reinforcing prosocial values through action. Other effective prevention strategies involve providing high risk or drug abusing young people with skill training, alternative activities, therapeutic counseling, and peer support. An annotated list of seven publications on drug prevention programs is included. (DB)

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Technical Assistance Bulletin No. 6
American Bar association
Special Committee on Youth Education for Citizenship

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SO 022 049

Bulletin

American Bar Association Special Committee on Youth Education for Citizenship

Combatting Drug Abuse

What You Should Know Before Designing a Program for Your School

by Sara Podell

Schools everywhere are trying to discover and implement effective programs for fighting drug abuse. But before they can, they must examine a series of questions: What do we mean by "abuse"? What characterizes young people at-risk for this dangerous behavioral pattern? Do we distinguish between drug "abuse" and drug "use"? Does the "Just Say NO!" message work? And if it does, are all young people equally affected by it?

Although the goal of educators and parents may be to completely prevent the use of drugs (including alcohol), there is a difference between addressing this goal and addressing drug abuse. As defined by the American Psychiatric Association, drug abuse is a pattern of pathological use for at least a month which impairs an individual's ability to function at school, at work or in the family. By this definition, a person may use drugs without actually being an abuser if dysfunctional behavior is not a consequence.

Many people have trouble with this distinction because it suggests that "responsible use" is possible. They believe that any use by a young person is abuse because of the consequences of putting drugs into a body that is physically and mentally developing and because of the illegality of underage drug use. However, those who distinguish between drug use and abuse do not assert that experimentation should be encouraged. In fact, they try to discourage it. They do assert, though, that for the purpose of prevention strategy, we must recognize that drug abuse and drug experimentation are different.

Some observers argue that drug experimentation is to be expected during adolescence as part of that period's processes of individual separation and identity formation. Although some rebelliousness and non-conforming behavior are part of these processes, the abuser develops a lifestyle characterized by a pattern of rebellion and nonconformity.

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Young people initially try drugs out of curiosity, peer pressure and a desire to emulate adult behavior. However, there are differences between the youth who progresses beyond the experimentation stage into the abuse stage and the youth who does not. The abuser discovers that drugs fill psychological and social needs that the experimenter is able to meet in drug-free ways.

Any drug use must be watched and warned against, but because different levels of drug use express different motivations within the person, we must shape our strategy accordingly. We will here concentrate on those who are at highest risk for abuse.

Evaluating High-Risk Youth

Identifying what "high-risk" means is the first step in trying to stop drug abuse. The more risk factors that can be attributed to a young person, the more likely that person will become an abuser. The following list is from a paper on chemical dependency by David Zarek, J. David Hawkins and Peter D. Rogers, MD. Entitled "Risk Factors for Adolescent Substance Abuse," it summarizes identifiable risk factors for children which are likely to predispose them to future drug abuse.

Family Management Problems

This means that family bonding is weak. Weak bonds are characterized by unclear rules for children's behavior, inappropriate or inconsistent reaction to their unpredictable behavior, lax supervision, excessively harsh discipline, constant criticism and absence of praise.

Early Antisocial Behavior

Although the traits of aggression, shyness, hyperactivity, nervousness and defiance may be a normal part of preschool development, these qualities in early school grades become risk factors.

Academic Underachievement

This is defined as school failure in mid-to-late elementary school due to varying causes, such as lack of interest or motivation and difficulty with reading.

Alienation, Rebelliousness, and Lack of Social Bonding to Society

This type of behavior includes rebelling against the primary social groups of family, school and religious institutions in middle school or junior high.

Antisocial Behavior in Early Adolescence

Fighting, sensation-seeking and aggressiveness are examples of this type of behavior.

Friends Who Use Drugs

This is one of the strongest predictors of drug abuse, which demonstrates the strength of peer influence.

Early First Use of Drugs

Using drugs before age fifteen constitutes "early use."

An additional factor is parental drug use. Research has shown that children growing up in families where alcoholism is present are at high risk for cocaine addiction and alcoholism. Clinical experience indicates the same holds true for all drugs. The psychological ramifications of growing up in a family with parental addiction are profound. Parents who use drugs are poor role models because they send the message that taking drugs is acceptable. A drug-using parent very often does not fulfill basic family responsibilities such as paying bills, preparing meals, setting rules, etc. These unfullfilled responsibilities result in family management problems. More importantly, a drug-using parent is unable to meet the child's emotional and social developmental needs.

Bulletin

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By examining these high-risk factors, we can conclude that a strong message like "Just Say No!" coming through the media and being reinforced by the schools may have a great influence on *experimental* users who are already bonded to society's expectations, but it is less likely to change abusers. Studies show that this also holds true for deterrence strategies, such as stepped-up law enforcement. Because their use fills psychological needs, drug abusers do not employ a rational cost-benefit analysis into which they factor legal and financial consequences. Thus, legal crackdowns are most likely to affect only experimental users, individuals who have a stake in their conventional standing in society.

Prevention Strategy

Prevention efforts for these high-risk young people must include helping them to strengthen their social bonds to conventional society. As V.C. League points out in a critique of school drug education approaches, "there is no *curriculum* which will stop children from using alcohol and other drugs. Only a combination of various techniques and methods will work . . . . There is no quick fix!"

What techniques, then, should we employ in a comprehensive prevention strategy that will target the pattern of drug *abuse*? First, it is important to see the connections between the factors. It is likely, for example, that a child from a weakly bonded family will also exhibit weak bonding to education. Furthermore, a youth who is not strongly bonded to family and school is more likely to bond with antisocial peers.

Many analysts place great emphasis on the need for alliances which bring together different segments of the community, such as schools, business, professionals, social services agencies and civic organizations. Ellen Ficklen, a site visitor and panelist for the U.S. Department of Education's Drug-Free Schools Recognition Program from 1988–1990, recommends that "an effective way to strengthen a program is to forge alliances with other anti-drug efforts in the area. A combined effort has more clout than several groups working separately—and leads to shared information and resources. [Alliances] among area parent groups often are especially helpful in providing widespread community support for anti-drug efforts." (Ellen Ficklen, "Detours on the Road to Drugs," *American School Board Journal*, February 1990.) In other words, a stringent anti-drug school program won't work in a vacuum.

One factor that the more successful school anti-drug programs do have in common—parent involvement—is, however, one of the most difficult to accomplish. Because family management plays such an important role in the bonding of young people to conventional society, school outreach and recruitment of high-risk families often yield positive results.

In Seattle, for example, an experimental prevention project emphasizing the family component is in progress in 11 elementary schools. It involves three extensive services. First, the school system has created the position of

"Home-School Liaison Specialists." These liaisons visit homes of high-risk families to communicate teacher expectations and open up communication between school and home. The liaisons also arrange special social activities for teachers and parents at the schools so that teachers are able to form ties with parents within the educational atmosphere. The second service is a series of classes on family management skills given for parents at the schools over a three-year period. The third service provides a conflict resolution program for families whose children are experiencing academic or behavioral problems. Preliminary results from the schools involved in the project are encouraging.

Many schools around the country have instituted creative ways to involve parents in their anti-drug efforts. One technique is to extend the idea of parental involvement to include grandparents, parents of alumni, and older community members interested in acting as surrogate grandparents. In some schools, parents have been trained to teach drug-education classes.

Since the early 1980s, many school districts throughout the country have developed intervention programs modeled after those pioneered in Minnesota in the late 1970s. Students who exhibit patterns of behaviors indicative of drug use are identified. Their parents or guardians are contacted and encouraged to take their child for a professional drug-use evaluation.

There is a consensus, then, that a prevention strategy targeted at high-risk youth should involve a strong balance between family, community and school. What is the message that these primary social groups must send to young people? Judge Frederica Massiah-Jackson says, "Our role as educators and legal professionals must be to provide a sense of history to young people. We must explain to them that their. . . . self-destruction with alcohol, cocaine, inhalants and pills creates a ripple effect. It is destroying the very threads of the fabric of our societal order." (Frederica Massiah-Jackson, "Education and Delinquency," *Update on Law-Related Education*, Spring 1989) While this message is a critical one, moral teaching alone is likely to have a negligible effect on young people who may be predisposed to drug abuse.

What is more effective is teaching and reinforcing *prosocial* values through action. This tactic can be pursued by creating programs which help children to develop interpersonal skills. Such programs encourage children to set and reach goals without resorting to antisocial behavior and often incorporate a social responsibility component that promotes action rather than clarifying values. "Show, don't tell" has been shown to be the more effective philosophy in promoting social bonds.

Thus, young people experience *concretely* the positive feelings of helping others while learning about interdependence. The goal is to expose students to the positive feeling of stability they experience when they act in a socially responsible manner. This is significant because most students who abuse drugs believe stability is beyond their reach.

Resources

National toll-free information and hotlines

1-800-638-2045 National Institute on Drug Abuse (NIDA) (U.S. Department of Health and Human Services)
1-800-662-HELP NIDA Hotline
1-800-534-KIDS National Federation of Parents for Drug-Free Youth (NFP)
1-800-NCA-CALL National Council on Alcoholism (NCA)
1-800-241-9746 Parents' Resource Institute on Drug Education (PRIDE)
1-800-356-9996 Al-Anon Family Services

A strategy that can be particularly effective is to involve students in developing a plan to solve their school's drug problem. By showing that their input is valued, that they are not enemies of teachers and administrators but their allies, this strategy attempts to help students identify the school's responsibilities on issues such as health and welfare, enforcing the law, protecting individual rights and protecting the community. In this way, students learn to recognize and manage conflicting responsibilities.

Another tactic that has proven effective is providing/encouraging high-intensity alternatives to drug use. One example is the Outward Bound program which offers risk-taking challenges as opportunities to learn skills. Such programs often enable young people to feel a kind of control over their lives that they may not experience in family and/or school atmospheres.

Reaching Out

In addition to providing skills training and alternative activities for at-risk and/or drug-abusing young people, compassion must be very much a part of an anti-drug program. High-risk students turn to drugs because the opportunity and reward structures of family and school do not function for them and because the drugs fill psychological and social needs. Thus, a purely punitive drug policy only reaffirms this reality.

The alternative is to provide therapeutic counseling both for at-risk students who haven't used drugs as well as for those who have. Many schools have implemented student discussion groups where students can talk about their concerns with a trained adult. Some schools assign mentors to these students to act as confidants and advisors. These mentors enable students to feel that there is someone in the system who is there for them. The goal is to reduce the tendency to turn to drugs "because nobody cares."

The power of peer support is another strategy that should not be overlooked. While studies show that drug abusers view fellow users as people they enjoy seeing and trust, they also view these individuals as less worthy role models than nonusers. This finding suggests that if there were opportunities for high-risk students to interact with pro-social peers, they might do so.

One way schools can help initiate this bonding is to train pro-social students as peer counselors. This will give high-risk students initial contact with this high status but otherwise off-limits group. For example, R.H. Watkins High School in Laurel, Mississippi, has a peer counseling program in which eleventh and twelfth grade students receive high intensity training in drug-education coupled with peer counseling. The students attend a for-credit drug education class throughout the school year.

An even more effective tactic, however, brings student team learning to the classroom. In this way, an individual's success depends on the success of the other students. Thus, not only do the efforts of the individual and the group reinforce each other, but pro-social and anti-social students become mutually dependent. Interdependence is stressed and competition is lowered. A 1988 study indicated that students from "experimental" schools which incorporated cooperative learning reported lower rates of drug use, delinquent behavior and alienation than students from "traditional," more competitive, schools. In addition, these students had higher rates of attachment to school, educational expectations and belief in school rules. (Gottfredson, 1988)

Drug abuse problems vary from community to community, from school to school, from child to child. Looking for one magical solution to the problem is the first big mistake we can make. The most important factor in any prevention program is to ensure that a no-use message ("zero tolerance") is being communicated by all involved. When designing an anti-drug program, focus on the factors which contribute to drug abuse, assess them in the young people you are targeting, and recruit the community for the strategies you choose. A willingness to reevaluate, restructure and commit time, energy and compassion are invaluable tools in fighting drug abuse.

Publications

The publications listed below are free unless otherwise noted.

"Childhood Predictors and the Prevention of Adolescent Substance Abuse" is a scholarly paper by J. David Hawkins, Ph.D., Denise M. Lishner, M.S.W., and Richard F. Catalano, Jr., Ph.D. To order write or call: Social Development Research Group, School of Social Work, University of Washington, Seattle, WA 98195; (206) 543-2100.

Curricula and Programs for Drug and Alcohol Education is a directory of nearly 200 resources on curricula. To order write or call: Western Center for Drug-Free Schools and Communities, Northwest Regional Educational Laboratory, 101 S.W. Main St., Ste. 500, Portland OR 97204; (800) 547-6339 ($11.40).

"Drugs: Education for Prevention" is a collection of classroom materials on substance abuse in *Update on Law-Related Education*'s Spring 1989 issue (Vol. 13, No. 2). To order, write or call: American Bar Association, Order Fulfillment 161, 750 N. Lake Shore Dr., Chicago IL 60611; (312) 988-5555 (single issue $6.00).

Drug Prevention Curricula: A Guide to Selection and Implementation is a publication which presents the current thinking of experts in drug prevention education. To order, write or call: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852; (301) 468-2600.

Drug Use Forecasting Annual Report is a government statistical publication which shows who uses drugs in the United States, which drugs they use, and in what quantity. To order, write: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Washington, DC 20531.

A Guide to School-Based Drug and Alcohol Abuse Prevention Curricula reviews and rates approximately 30 curricula and discusses the research available about them. To order, write or call: Linda Salser, Distribution Center Coordinator, Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1000 Welch Rd., Palo Alto, CA 94304-1885; (415) 723-1000.

To receive a copy of abstracts of 47 award-winning school programs, write for *Profiles of Successful Drug Prevention Programs [1988-1989]* from: U.S. Department of Education, Drug-Free Schools Recognition Program, Room 510, 555 New Jersey Ave. N.W., Washington DC, 20208-5645; (202) 357-6134.

Organizations

Boys Clubs of America, 771 First Ave., New York, NY 10017; (212) 351-5900

Boy Scouts of America, 1325 Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079; (214) 580-2000

Girls Clubs of America, 30 E. 33rd St., New York, NY 10016; (212) 689-3700

Girl Scouts of the U.S.A., 830 Third Ave., New York, NY 10022; (212) 940-7500

Just Say No Foundation, 1777 N. California Blvd., Walnut Creek, CA 94596; (415) 939-6676

National Federation of Parents for Drug-Free Youth (NFP), 8730 Georgia Ave., Ste. 200, Silver Spring, MD 20910

National 4-H Council, 7100 Connecticut Ave., Chevy Chase, MD 20815; (301) 961-2800

The National PTA, Drug Abuse Prevention Project, 700 N. Rush St., Chicago, IL 60611; (312) 787-0977